

10/10/00
JC923 U.S. PTO

Please type a plus sign (+) inside this box →

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier

Title

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

| | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 6] (preferred arrangement set forth below) | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |
| <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Pages 1] | 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney |
| <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| | 11. <input type="checkbox"/> Preliminary Amendment |
| | 12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| | 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired |
| | 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) |
| | 15. <input type="checkbox"/> Other: _____ |

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label _____ or Correspondence address below
(Insert Customer No. or Attach bar code label here)

| | | | |
|---------|-------------------------------|-----------|--------------|
| Name | HUGO LOERNER | | |
| Address | 220 W 98 th ST #2B | | |
| City | New York | State | NY |
| Country | US | Telephone | 973 672 2277 |
| | | Zip Code | 10025 |
| | | Fax | 973 672 7536 |

| | |
|-------------------|-----------------------------------|
| Name (Print/Type) | Registration No. (Attorney/Agent) |
| Signature | Date |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/10/00
JC923 U.S. PTO
09/684658

10/10/00
JC923 U.S. PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

| | |
|----------------------|--|
| Application Number | |
| Filing Date | |
| First Named Inventor | |
| Examiner Name | |
| Group / Art Unit | |
| Attorney Docket No. | |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------|---------------|------------------------|---------------|-----------------|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | |
| 101 690 | 201 348 | Utility filing fee | <i>345</i> | | |
| 106 310 | 206 155 | Design filing fee | | | |
| 107 480 | 207 240 | Plant filing fee | | | |
| 108 690 | 208 345 | Reissue filing fee | | | |
| 114 150 | 214 75 | Provisional filing fee | | | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|------------|
| Total Claims | -20** | = | <i>345</i> |
| Independent Claims | - 3** | = | |
| Multiple Dependent | | = | |

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------|---------------|--|---------------|-----------------|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | |
| 103 18 | 203 9 | Claims in excess of 20 | | | |
| 102 78 | 202 39 | Independent claims in excess of 3 | | | |
| 104 260 | 204 130 | Multiple dependent claim, if not paid | | | |
| 109 78 | 209 39 | ** Reissue independent claims over original patent | | | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | | | |

SUBTOTAL (2) (\$)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------|--------------|--|---------------|-----------------|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | | | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | | | |
| 139 130 | 139 130 | Non-English specification | | | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | | | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | | | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | | | |
| 115 110 | 215 55 | Extension for reply within first month | | | |
| 116 380 | 216 190 | Extension for reply within second month | | | |
| 117 870 | 217 435 | Extension for reply within third month | | | |
| 118 1,360 | 218 680 | Extension for reply within fourth month | | | |
| 128 1,850 | 228 925 | Extension for reply within fifth month | | | |
| 119 300 | 219 150 | Notice of Appeal | | | |
| 120 300 | 220 150 | Filing a brief in support of an appeal | | | |
| 121 260 | 221 130 | Request for oral hearing | | | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | | | |
| 140 110 | 240 55 | Petition to revive - unavoidable | | | |
| 141 1,210 | 241 605 | Petition to revive - unintentional | | | |
| 142 1,210 | 242 605 | Utility issue fee (or reissue) | | | |
| 143 430 | 243 215 | Design issue fee | | | |
| 144 580 | 244 290 | Plant issue fee | | | |
| 122 130 | 122 130 | Petitions to the Commissioner | | | |
| 123 50 | 123 50 | Petitions related to provisional applications | | | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | | | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | | | |
| 146 690 | 246 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | |
| 149 690 | 249 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | |
| Other fee (specify) | | | | | |
| Other fee (specify) | | | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete if applicable

Name (Print/Type) *HIGH LOSNER*

Registration No. (Attorney/Agent)

Telephone *973 672 2277*Signature *[Signature]*Date *Oct 10 2000*

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional)

Applicant, Patentee, or Identifier:

HUGH LOEBNER

Application or Patent No.:

Filed or Issued:

Title: Weighted Pulley System Crawl Control Stanchion

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

No such person, concern, or organization exists.

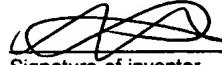
Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Hugh Loebner

NAME OF INVENTOR


Signature of inventor

Date

NAME OF INVENTOR

Signature of inventor

Date

NAME OF INVENTOR

Signature of inventor

Date